

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR HEORM LIMITED OFFERING EXEMPTION

1378572

OMB APPROVAL

OMB Number: 3235-0076
Expires: April 30, 2008
Estimated average burden
hours per response.16.00

SEC USE ONLY

Serial

Prefix

UNIFO	RM LIMITED OFFERING EX	EMPTION	DATERÉCE	ואבט ן
2.1.22				
Name of Offering (check if this is an a	amendment and name has changed, and indica	ate change.)	MECEIVED	
Carlyle Infrastructure Partners, L.P Of	ffer and Sale of Limited Partnership Interes	sts (//		<u>%</u>
	☐ Rule 504 ☐ Rule 505 ☒ Rule 506 ☐	Section 4(6) ULO	EFEB 3	(8)
Type of Filing: New Filing Amen		\3	1 3 8 20ns	<u> </u>
	A. BASIC IDENTIFICATION	DATA \	(2)	
1. Enter the information requested about th			101 /	<u>/</u>
Name of Issuer (check if this is an ame	endment and name has changed, and indicate	change.)	1, 1, 00, EECT	,
Carlyle Infrastructure Partners, L.P. (the	: "Partnership")			
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Number (In	cluding Aréa Code)	
1001 Pennsylvania Ave., NW, Suite 220 S	outh, Washington, D.C. 20004	(202) 347-2626		
	(Number and Street, City, State, Zip Code)	Telephone Number (In	cluding Area Code)	
(if different from Executive Offices) same		same		
Brief Description of Business Investme	ent Fund			
m				- DDA CEQCE
Type of Business Organization			· (C.)	PROCESSED
	limited partnership, already formed	☐ other (pl	ease specify):	A
business trust	limited partnership, to be formed			- Mar 1 4 2007 ₃ -
	Month Year	53 .		ω
Actual or Estimated Date of Incorporation		Actual Esti	mated	THOMSON
Jurisdiction of Incorporation or Organization	on: (Enter two-letter U.S. Postal Service abbr	reviation for State:		FINANCIAL
	CN for Canada; FN for other foreign jur	risdiction)	DE	4 45 45 4

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: Promoter Beneficial Owner ☐ Executive Officer ☐ Director □ General and/or Managing Partner Full Name (Last name first, if individual) Carlyle Infrastructure General Partner, L.P. (the "General Partner" or "general partner of the Partnership") Business or Residence Address (Number and Street, City, State, Zip Code) 1001 Pennsylvania Avenue, NW, Suite 220 South, Washington, D.C. 20004 Check Box(es) that Apply: Promoter □ Director ☐ Beneficial Owner Executive Officer General and/or Managing Partner Full Name (Last name first, if individual) TC Group Infrastructure, L.L.C. ("Infrastructure LLC" or "general partner of the General Partner) Business or Residence Address (Number and Street, City, State, Zip Code) 1001 Pennsylvania Avenue, NW, Suite 220 South, Washington, D.C. 20004 Check Box(es) that Apply: Promoter ☐ Beneficial Owner Executive Officer Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) TC Group, L.L.C. ("TC Group" or "sole member of Infrastructure LLC") Business or Residence Address (Number and Street, City, State, Zip Code) 1001 Pennsylvania Avenue, NW, Suite 220 South, Washington, D.C. 20004 Check Box(es) that Apply: Promoter ☐ Beneficial Owner Executive Officer ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) TCG Holdings, L.L.C. ("Holdings" or "managing member of TC Group") Business or Residence Address (Number and Street, City, State, Zip Code) 1001 Pennsylvania Avenue, NW, Suite 220 South, Washington, D.C. 20004 Check Box(es) that Apply: Promoter ☐ Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Conway, William E., Jr. (managing member of Holdings) Business or Residence Address (Number and Street, City, State, Zip Code) 1001 Pennsylvania Avenue, NW, Suite 220 South, Washington, D.C. 20004 Check Box(es) that Apply: Promoter ☐ Beneficial Owner ☐ Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) D'Aniello, Daniel A. (managing member of Holdings) Business or Residence Address (Number and Street, City, State, Zip Code) 1001 Pennsylvania Avenue, NW, Suite 220 South, Washington, D.C. 20004 Check Box(es) that Apply: Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director General and/or Managing Partner Full Name (Last name first, if individual) Rubenstein, David M. (managing member of Holdings) Business or Residence Address (Number and Street, City, State, Zip Code) 1001 Pennsylvania Avenue, NW, Suite 220 South, Washington, D.C. 20004

Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first, TAQA New World, Inc.	if individual)				
Business or Residence Addr Abu Dhabi National Energ	-	•			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addr	ress (Number a	and Street, City, State, Zip	Code)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addi	ress (Number	and Street, City, State, Zip	Code)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addi	ress (Number a	and Street, City, State, Zip	Code)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				<u> </u>
Business or Residence Add	ress (Number	and Street, City, State, Zip	Code)	.	
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Add	ress (Number	and Street, City, State, Zip	Code)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				aging . wait
Business or Residence Add	ress (Number	and Street, City, State, Zip	Code)		
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Add	ress (Number	and Street City State Zir	n Code)		

				B. II	NFORMAT	ION ABO	UT OFFEI	RING				
Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?							Yes	No 🗵				
Answer also in Appendix, Column 2, if filing under ULOE. 2. What is the minimum investment that will be accepted from any individual? * unless waived by general partner												
2. What is	the minim	um investm	ent that will	be accepte	d from any	individual?	<u>* unless w</u>	aived by ge	neral part	<u>ner</u>	<u>\$10,00</u>	<u>* 000,00</u>
											Yes	No
3. Does the offering permit joint ownership of a single unit?								\boxtimes				
commis a persor states, l broker	ssion or sim n to be liste list the nam or dealer, y	ilar remune ed is an asso se of the bro	ted for each ration for so ociated person bker or deal forth the infividual)	olicitation of on or agent er. If more	of purchaser of a broker than five (s in connect or dealer re (5) persons	tion with sa egistered w to be listed	les of secur	ities in the and/or wit	offering. If h a state or	•	
	(Dast Harris	, 11150, 11 1110										
Business o	r Residence	Address (1	Number and	Street, City	y, State, Zip	Code)						
Name of A	ssociated E	Broker or De	ealer									
<u> </u>	n: LD	1	- C-1:-ix-4		. C.F.: A.D.	.1						
			s Solicited of Iividual Stat									. All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[H1]	[ID]
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[MT] [RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [W]]	[OR] [WY]	[PA] [PR]
Full Name	(Last name	first, if ind	ividual)						_			<u> </u>
Business o	r Residence	Address (1	Number and	Street, City	y, State, Zip	Code)						
Name of A	Associated E	Broker or De	caler			- -						
			s Solicited		o Solicit Pu	rchasers			· · · · · ·			
[AL]	All States [AK]	or check inc [AZ]	fividual Star [AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[[1/1]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name	(Last name	first, if ind	lividual)									-"
Business o	r Residence	Address (?	Number and	Street, Cit	y, State, Zip	Code)						
Name of A	Associated E	Broker or De	ealer								·	
States in W	Vhich Perso	n Listed Ha	s Solicited	or Intends t	o Solicit Pu	rchasers						
			dividual Sta							*************		. All States
`[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	(NH)	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	(WV)	[WI]	[WY]	(PR)

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \[\] and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Aggregate Amount Already Type of Security Offering Price Sold \$0.00 \$0.00 Common Preferred Convertible Securities (including warrants) \$0.00 \$0.00 \$353,911,176.47 _____)......\$0.00 Other (Specify \$0.00 \$353,911,176.47 Answer also in Appendix, Column 3, if filing under ULOE. 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Number Dollar Amount Investors of Purchases Accredited Investors.... <u>20</u> \$353,911,176.47 Non-accredited Investors 0 <u>\$0.00</u> Total (for filings under Rule 504 only)..... Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Type of Dollar Amount Type of offering Security Sold Rule 505..... Regulation A..... Rule 504..... Total..... a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees \$0.00 Printing and Engraving Costs.... \boxtimes \$25,000.00 Legal Fees..... \boxtimes \$700,000.00 Accounting Fees \$0.00 Engineering Fees \$0.00 Sales Commissions (specify finders' fees separately)..... \$0.00 Other Expenses (identify) travel, miscellaneous X \$75,000.00 X Total..... \$800,000.00

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

b. Enter the difference between the aggregate of and total expenses furnished in response to Part (proceeds to the issuer."	C - Question 4.a. This difference is the "adjusted	tion gros	l	ROCEEDS	\$999,200,000.00
Indicate below the amount of the adjusted gross pro the purposes shown. If the amount for any purpose left of the estimate. The total of the payments liste	oceeds to the issuer used or proposed to be used for e is not known, furnish an estimate and check the box	ach o	e		
forth in response to Part C - Question 4.b above.			Óff Direc	nents to ficers, ctors, & iliates	Payments to Others
Salaries and fees			<u>\$0.00</u>		<u>\$0.00</u>
Purchase of real estate			\$0.00		\$0.00
Purchase, rental or leasing and installation of	machinery and equipment		\$0.00		<u>\$0.00</u>
Construction or leasing of plant buildings and		\$0.00		\$0.00	
Acquisition of other business (including the volfering that may be used in exchange for the	e assets or securities of another	_			
			\$0.00		<u>\$0.00</u>
Repayment of indebtedness			\$0.00		<u>\$0.00</u>
- ·			<u>\$0.00</u>	\boxtimes	\$999,200,000.00
Other (specify):					
			<u>\$0.00</u>		<u>\$0.00</u>
Column Totals			\$0.00	\boxtimes	\$999,200,000.00
Total Payments Listed (column totals added)			\boxtimes	\$999,200,00	00.00
	D. FEDERAL SIGNATURE				
The issuer has duly caused this notice to be signed be ignature constitutes an undertaking by the issuer to information furnished by the issuer to any non-accretion.	furnish to the U.S. Securities and Exchange Con	nmiss	ion, upon		
ssuer (Print or Type)	Signature		Г)ate	
Carlyle Infrastructure Partners, L.P.			F	ebruary 28 , 20	07
Jame of Signer (Print or Type)	Title of Signer (Print or Type)				
ohn F. Harris	Authorized Person				

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

E. STATE SIGNATURE			
1. Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	<u>N/A</u>	Yes	No
See Appendix, Column 5, for state response.			

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied. N/A

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature	Date:	
Carlyle Infrastructure Partners, L.P.		February , 2007	
Name (Print or Type)	Title (Print or Type)		
John F. Harris	Authorized Person		

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

